

Renal Failure + Rheumatoid .....

- 1-Gold , Penicillamine ..... starting ttt and within 6 month develop heavy proteinuria +++
  - 2-Amyloidosis ..... Long standing disease ..... proteinuria ++
  - 3-Analgesic nephropathy ..... Eosinophilia + Creat high + modest proteinuria.
  - 4-Rheumatoid vasculitis ..... SKIN + Creat high + RF titre high + Complement low
  - 5-FSGN ..... active urine sediment.
- Last 3 categories ..... Hematuria (RBCs in urine).

PT ..... Factor 7 ... Warfarin - Liver.

PT + PTT ..... Factor 2 - 5 - 10

PT + PTT + normal PLT .... Warfarin - vit K.

PT + PTT + ↓ PLT ..... DIC - Liver.

PTT + bleeding ..... Hemophilia - vWD.

PTT + no bleeding ... Factor 11 - 12

PTT + ↓ PLT ..... DIC - Liver - APS.

DIC ..... ↑ PT , ↑ PTT , ↑ Bleeding time , ↑ FDP , ↑ D-dimer ... But ↓ PLT, ↓ fibrinogen

TSH ↑ .. T4 ↓ ..... 1ry hypo.

TSH ↑ .. T4 normal ..... Subclinical hypo. - Amio - lithium - poor thyroxin compliance

TSH ↑ .. T4 ↑ ..... TSH secreting adenoma - poor thyroxin compliance

TSH ↓ .. T4 ↑ ..... Thyrotoxicosis

TSH ↓ .. T4 ↓ ..... 2ry hypo - sever SES

TSH ↓ .. T4 normal ..... Subclinical hyper - Steroids - dopamine - early preg.

TSH ↓ .. T4 normal .. T3 ↑ ..... T3 thyrotoxicosis

TSH normal .. T4 normal .. T3 ↓ ..... Mild SES

T4/T3 = 30 .... If 70 .... Factitious thyrotoxicosis.

■ Addison .. BP low .. Na low .. K high .. Ca high

■ RAS .. BP high .. K low .. Renin high .. Aldo high

■ Conns .. BP high .. Alkalosis .. Na high .. K low .. Renin low .. Aldo high

■ Cushing .. BP high .. Alkalosis .. K low

■ Pseudohypoaldo 1 .. BP low .. K low .. Renin high .. Aldo high

■ Pseudohypoaldo 2 .. Gordon .. BP high .. K high .. Renin low .. Aldo low

■ Apperant mineralocort. excess .. BP high .. Alkalosis .. K low .. Renin low .. Aldo low.

■ Glucocot. remedible aldosteronism .. BP high .. Alkalosis .. Low renin .. High aldo

■ Liquorice = apperant mineralocort. excess

■ Bartter .. Baby .. BP normal .. K low .. Cl low .. Ca Urine high .. Renin high .. Aldo high

■ Gitelman .. Gentelman .. BP normal .. Alkalosis .. K low .. Cl low .. Ca urine low .. Renin high .. Aldo high

■ Liddle .. BP high .. Alkalosis .. K low .. Renin low .. Aldo low

Anemia in CKD ( pre-dialysis and peritoneal dialysis ):

Feritin >100 and T.sat >20% ..... EPO.

Feritin < 100 or T.sat <20% ... Iron.

Anemia in CKD ( hemodialysis ):

Feritin >200 and T.sat >20% ..... EPO.

Feritin < 200 or T.sat <20% ... Iron.

Headache .. Neck pain .. Lt hemiplegia ..... Think carotid A. Dissection.

- ppt ..... Neck trauma → fracture base.

- Carotid A. Dissection ..... Contrast arteriography.
- If not available ..... Doppler or MRA.

MRI show MS , no sympt except headache , neuro exam normal ..... No ttt.

Polmyo resist to CS , > 50 yrs ..... Inclusion body myo.

Optic neuritis = 50 % will develop MS.

- if multiple MRI lesion + optic neuritis this can ↑ to 75.
- if no MRI lesion + optic neuritis alone this can ↓ to 25.

Stroke in young ..... MELAS , CADSIL , PFO , SLE , APS , Bhcet , PNH , TTP/HUS , Vasculitis , Nephrotic , homocystinuria , Factor V Leiden , AV malformation , PKD with aneurysm , SCD.

Epileptic fit not vasovagal if ..... Headache Post event , Ms pain , oral damage , confusion , Long duration , fecal rather than urinary incont. , all limb jerking.

FUO , wt loss , HSM , murmur ..... Inf or hemato malig.

FUO , wt loss , HSM , murmur ..... BM Bx.

- Greece ..... Think leschmaniasis.

- Leschmaniasis ..... Leschmania skin test.

- IEC ..... Spleen not HSM.

- Dont do splenic aspirate in rapidly enlarging spleen.

MST = oral morphin solution x 6

MST = immediate release morphin x 6

Forgot warfarin dose ..... Take it when remember.

Forgot warfarin dose for 1 day ..... Take her usual dose.

Nurse with rash ..... Think latex.

Hb SS ..... Rx , no spleen

Hb Sβ ..... Spleen , target cells , microcytic.

Hb SC ..... Spleen , target cells.

Hb AS ..... Normal.

Shock , MI .... LVF , Tamponade , RVI , MR , VSD.

- LVF , Tamponade , RVI ..... CVP 

- LVF , Tamponade ..... PCWP  ..... TEE.

- MR , VSD ..... CVP normal .... PCWP  ..... TTE.

LVF , MR , VSD ..... IABP.

RVI ..... Fluids.

MCC of death in SCD ..... Infections.

Early sign of NPDR ..... Microaneurysms.

Hallmark of PDR ..... New vasc.

PRL > 6000 + Sympt ..... Pit MRI.

PRL > 6000 + no Sympt ..... Precipitate IgG with PEG.

 PRL sympt .... Visual , headache , infert/ameno.